PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, February 25, 2015 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin

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Present: Chair Evans, Supervisor La Violette, Supervisor Hoyer, Supervisor Robinson
Excused: Supervisor Haefs
Also Present: Ian Agar, Jerry Polus, Devon Christianson, Nancy Fennema, Tim Schmitt, Supervisor Campbell, Chua Xiong, Chad Weininger, other interested parties.

I. **Call Meeting to Order.**

The meeting was called to order by Chairman Patrick Evans at 5:33 p.m.

II. **Approve/Modify Agenda.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. **Approve/Modify Minutes of January 28, 2015.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Comments from the Public

-Mc Kenzie Erickson, 807 Beaumier Street, De Pere, Wisconsin – Erickson noted that she was a student at UWGB and was attending the meeting along with a number of other students as part of an assignment for her social policies class.

Evans welcomed Erickson and the rest of the students and encouraged them to stay after the meeting to meet staff and ask any questions they had.

Report from Human Services Chair, Patrick Evans

Evans reported that he had recently attended a meeting with the President and Board Chair of Family Services and they are working on their strategic plan and are interested in solidifying their partnership with the County. Evans noted that Committee members may be contacted to share their input.

1. **Review Minutes of:**
   - **a. Aging & Disability Resource Center Board Meeting (January 22, 2015).**
   - **b. Community Options Program Planning Committee (January 26, 2015).**
   - **c. Human Services Board (February 12, 2015).**
   - **d. Veterans Recognition Subcommittee (January 20, 2015).**

Supervisor Robinson indicated that he would like to pull Item 1c for discussion. Robinson asked what the Nicolet Governing Body referenced in the Human Services Board Minutes of February 12, 2015 is. Interim Human Services Director Nancy Fennema responded that when they received the survey at Nicolet Psychiatric Hospital, one of the State's concerns was what the current governing body was. Fennema stated that in order to meet the needs of the State as well as the psychiatric hospital, a decision was made to establish the Human Services Board as the governing body of the psychiatric hospital. This means that a member of the Human Services Board will be on the quality assurance and performance improvement committee of the hospital and that regular meeting minutes will come from the psychiatric

hospital through the Human Services Board. Robinson noted that according to the County rules the Human Services Director needs to attend the meetings at the CTC in order to qualify as the governing board. Fennema responded that that is one portion of it, but the other portion is that the way the by-laws were previously written, the Human Services Director must review certain items monthly and the body was not doing that, nor was the Director consistently present so those requirements were not met. Evans noted that policy is being changed to make sure that the onus is not on the Director alone.

Robinson asked if this moves forward the way it is intended, who has to be in attendance to qualify as an additional meeting. Fennema responded that the Board is the governing body and the Human Services Board is the oversight committee of the psychiatric hospital. Robinson continued that he has been to some of these meetings and although the Human Service Board is made up of good people, they do not strike him from a knowledge and training standpoint to understand the kind of data and information shared in meetings. Fennema did not share Robinson's concern. Robinson asked what the added value is of the Human Services Board as the Board does not strike him as having a lot of expertise as to the CTC and how it functions. Fennema responded that it boils down to common sense and further that everything is documented and she does not feel there is need for concern. Evans asked Fennema if she could have a report put in the Human Services Committee for review. Fennema stated that she would be able to do this in April. She noted that they are working as fast as they can and in talking with the hospital administrator, she was advised that most of the information will be ready for the March Human Services Board meeting.

Robinson asked if there were any guidelines for membership on the Human Services Board such as someone with a background in mental health services or inpatient care. Evans responded that it is a politically appointed board and Fennema noted that there are a number of County Board members on the Board as well as interested community members with various backgrounds.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to suspend the rules and take Items 1 a, b and d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file Items 1 a, b and d. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file Item 1 c. Vote taken. MOTION CARRIED UNANIMOUSLY

Communications

2. **Communication from Supervisor Robinson re: That the new County Human Services Director and the Human Services Department staff put together a report to be presented at the August Human Services Committee, with monthly updates to the Committee that examines: CTC/In-patient Mental Health & AODA County Services; Community Mental Health & AODA County Services; Mental Health and AODA service offered by the community in general with which the County has a partnership.**

Supervisor Robinson indicated that he brought this communication as he feels there is need for the County to take a holistic look at how mental health and AODA services are being provided. He thanked Fennema for the conversation they shared with regard to this. Robinson noted that he has had conversations with a number of people in the community and it strikes him from some of the recent issues at the CTC and some of the detox issues as well as concerns raised by service providers that the County works with that rather than try to solve these issues in isolation it would be more beneficial to come up with a more comprehensive plan. Robinson would like to see the County move steadily towards a comprehensive plan and he would like to have monthly updates on progress. His intention is that the more pressing issues get folded into the 2016 budget and if this is not well on its way by August he did not feel that would be possible. Robinson continued that he realizes that this is an ambitious target, but he does not feel it is acceptable to push this out for another year. He would like to see this as a standing item on the agenda until August.

Supervisor La Violette stated that she is very supportive of this, but she is also sensitive to staff time. She realizes that there are a number of things going on in the Human Services Department right now and she hoped that the Board does something with regard to work done and information provided by the Department as she has seen a number of

times in the past when staff puts a great deal of time and effort into an issue and the Board does not do anything to implement suggested changes or plans.

La Violette continued that most of the budget is put together by August. Director of Administration Chad Weininger agreed and indicated that after August, it would be more difficult to make changes for larger dollar items; however, smaller items may be easier. Robinson assumed that the Human Services staff would be in contact with administration to bring the needs to the surface. Weininger noted that departments get their budget targets at the end of June.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to make this a standing item until such time as dispensed of. Vote taken. MOTION CARRIED UNANIMOUSLY

Health Department

3. **2014 to 2015 Carryover Funds.**

Robinson noted that the list of carryover funds only shows a dollar amount for Veterans and not the other departments and he would like to know the amounts of the carryovers for all departments. Evans suggested that this be held until the next meeting for figures to be provided.

Weininger stated that what is designated as "all funds" is listed because Administration is still working on finalizing numbers. Raw numbers would be available, but specific numbers are not available at this time. Weininger stated that the carryover funds refer to funds that have budgeted for specific projects, but the projects have not been completed so the funds already budgeted are being carried over until 2015. He stressed that the projects have all been approved and the carryover funds will not be used for any other purposes. Weininger noted that this same issue also came up at the last PD&T meeting and they resolved it by scheduling a special meeting prior to the County Board meeting on March 18. Although Robinson was agreeable to a special meeting, Evans did not want to hold a special meeting, but suggested not taking action at tonight's meeting on the carryovers for the Health Department, ADRC and Human Services. He will pull the items at the County Board and fill in the appropriate dollar amounts.

No action taken.

Veterans Services

4. **2014 to 2015 Carryover Funds.**

CVSO Jerry Polus explained that each year any remaining balance in the emergency fund is carried over to the following year, however, they still budget for the emergency fund and this has always met the needs. Last year Polus's office received several large donations that were unexpected and this resulted in these carryover funds. Polus noted that they provided over $20,000 in emergency assistance to veterans, but the $27,500 was still left to carryover.

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Aging & Disability Resource Center

5. **Family Care Transition Update.**

ADRC Director Devon Christianson, Nancy Fennema and Supervisor Campbell addressed the Committee. Fennema provided a handout, a copy of which is attached.

Fennema stated that the responsibility of the Human Services Department in the Family Care transition is simply to keep the waiver programs going and keep clients on the programs until the transition is complete. She indicated that they are in the process of laying off approximately 58 individuals and fortunately, through attrition and because the transition planning started last year, a large number of those employees were LTEs. Fennema noted that the stress in the Human Services Department is real as the workforce is reduced and it is a very difficult time for all employees. She noted that although the workforce is being reduced, the change in the number of people that need support is not

changing. Fennema concluded that although this is difficult and a challenge for many people, she remains optimistic that this is in the best interest of the 1600 people that are transitioning to this new model of care and the ultimate is that there will not be waiting lists and people will be able to access services immediately.

Christianson also provided a handout, a copy of which is attached. Christianson stated that Corrie Campbell is a member of the ADRC Board and has been a great advocate for things happening within the organization and has helped figure out ways the transition will be managed. It was noted that there are some different things in this region concerning the transition than any of the other transitions in other regions. Christianson stated that she is approaching this with optimism and it is a good thing that Family Care is coming to this community. There are some challenges and she wants to be sure she is communicating these challenges. She noted that there are two managed care organizations that are coming into the community instead of one along with the self-directed option called IRIS. Another self-directed option has recently been released which is another IRIS program but with another company that will be called an IRIS consulting agency. Right now TMG is the name of the company that administers IRIS and Lutheran Social Services has also been awarded a second option through a bidding process through the State. People transitioning will have four choices to weed through as they make their decision as to where they want to enroll. This is a huge difference and it does impact the workforce and the people with things moving differently than they have in the past. Christianson continued that in the past the Human Services Department has been the agency that handled the enrollment counseling for the current consumers as they made the choice into one of the new transition organizations. Because of the multiple choices, the State has pressed and wants the ADRC to be the doorway for the current consumers. In comparison, Human Services has about 45 – 50 case managers and the ADRC has 17 but still needs to touch all of the same consumers to do the enrollment process.

Christianson continued that some of the challenges are logistical such as the number of staff and number of consumers and wanting to make this as smooth as possible. She noted that the ADRC and Human Services have a great relationship and have been meeting regularly. Because the State knew that this would be a large challenge in making sure that people get the enrollment counseling that is necessary, the State provided some strategies. These strategies include holding group enrollment meetings and holding phone conversations instead of going to each individual home as well as some other strategies. Christianson stated this is unfamiliar territory, but they want consumers to move through this process without any interruption in service and be sure that the County is not a barrier in getting through the process.

Christianson continued that there will be a four month period to enroll and a certain amount of people need to be enrolled in each of the months. Brown County will begin the enrollment counseling next week and will begin group meetings in a variety of locations. They will deploy as much staff as possible to be available after group presentations to do enrollment right away. If this does not work for people, other arrangements will be made including home visits when necessary. Christianson noted that July 1 is when the actual transition will occur and by that time they will need choices made by 872 people and then another 218 will transition in August, September and October. The second part of the transition period is the waiting list. A choice was made to start taking people off the wait list as soon as they can which is the July 1 day as well.

Initially the State had promised funds to help with the transition, but those funds were then frozen. The funds were going to be used for eight additional staff, but this will no longer be possible. Campbell wanted to make sure that the Board was kept up to date on the transition and know that the goal is to make this a smooth, efficient transition and they are employing every strategy available to get this to work well.

Supervisor Campbell stated that there are 17 staff members to enroll 1526 people. The additional eight that they had counted on from the State have been cut. Campbell noted that Door County added two additional County funded positions to assist with transition into Family Care. She wanted the Committee to be aware that if it becomes evident that there is not enough staff to implement this, the ADRC may have to approach the Board for help. She felt optimistic and felt that the ADRC has some of the most competent people on staff to carry out the transition, but it is obviously a big project with a number of choices and decisions that need to be made. Campbell wanted to make the Committee aware of the fact that they may be back in July asking for help. Hoyer asked if help would come from LTEs and Campbell stated that they would look at the way Door County is handling this.

Robinson asked what the consequences to the County would be if people were not enrolled on schedule. Christianson responded that she had asked that, but did not receive a clear answer. The consequence from her point of view would be consumers not having the services and resources they need and she will do whatever is possible to avoid this. Christianson assured that no patients will be dropped and noted that the State will stop funding long term care programs in October.

Robinson asked what would happen if they get to July and find that they are not able to get the target number of people enrolled. He noted that if a request for additional help came to this Committee in July, it would not go to the full Board for approval until the third week of August, and then people would need to be hired and trained. Robinson asked if there would be any way to determine staff needs before July. Christianson stated that because they are starting group meetings next week, they should have a handle on things by the end of March. She noted that there are 100 people signed up to attend the meeting at ASPIRO but she does not know how many will actually sign up. Christianson felt by the end of March she should see a pattern developing and would be able to have a good sense as to how the strategies are working.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Human Services Department

6. **Resolution re: Helping families move from homelessness to self-sufficiency. *Standing Item until such time that there is action to be taken.***

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to hold for one month. Vote taken. MOTION CARRIED UNANIMOUSLY

7. **Budget Adjustment Request (15-07): Any increase in expenses with an offsetting increase in revenue.**

This budget adjustment is the result of a net increase of nine clients serviced under the funding code of CIPIIMFP during the 2014 budget year. Because it is difficult to determine when clients will pass away and when clients will come onto the plan, the budget adjustment is being done at this time. The budget adjustment reflects both the increase in revenue from the State and the increase in expenses associated to the additional number of clients serviced during the year.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

8. **Budget Adjustment Request (15-08): Any increase in expenses with an offsetting increase in revenue.**

This budget adjustment is the result of a net increase of one client serviced under the funding code of CIP1B during the 2014 budget year. Because it is difficult to determine when clients will pass away and when clients will come onto the plan, the budget adjustment is being done at this time. This budget adjustment reflects both the increase in revenue from the State and the increase in expenses associated to the additional number of clients serviced during the year.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

9. **Executive Director's Report.**

Robinson thanked Fennema for including the list of open positions in the Human Services Department and asked if the number of openings is typical. Fennema responded that in her time in the department the list seems to be typical and she does not find anything concerning in the report. She noted that economic supports goes through peaks and valleys throughout the year and some of the movement comes from their interest in trying to retain employees by hiring for vacancies internally before going outside.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

10. **Detox Update.** ***Motion at January Human Services Committee: To send to Human Services staff to come up with background/history as to when and why detox funding stopped and do research on the detox programs in other counties, including Dane County, and present to the Human Services Committee and further to direct staff to participate in community group activities to come up with a solution for detox for alcohol and heroin.***

Behavioral Health Manager Ian Agar and Nancy Fennema addressed the Committee. A handout was provided, a copy of which is attached. Agar reviewed the handout with the Committee and indicated that he will continue to provide additional information in the next several months.

Robinson noted that Agar has been a part of a local group of law enforcement officials and non-profit service providers that are looking to make a proposal and asked Agar what the status is. Agar responded that a proposal had been made for an 8 bed stand-alone detox facility and he thought the costs associated with that were in the neighborhood of $1.2 million dollars. Robinson wished to make it clear that he had attended the meeting Agar referenced because he was invited to it and that he did not ask them to do anything. Robinson did say that once there is a presentation and proposal, the group may want to present the same to this Committee.

Robinson asked Agar if his opinion with regard to a stand-alone facility would assume that the County would provide the facility. Agar did not think there were any assumptions and continued that local hospitals may try to collaborate to form a solution and it is his understanding that those entities may have a vested interest in collaborating with the County instead of saying that the County Human Services Department needs to fix the detox problem. Robinson recalled one option was for the County to contract with a hospital to provide space for a detox facility. Agar felt that may be a possibility but did not know if there was a specific hospital legitimately interested due to the amount of administrative work associated with detox. Robinson continued that the community offers a range of services to help someone go from alcohol addiction to sobriety but what we are talking about is the door for some folks to get into that process for detox.

Robinson asked Agar if it is his sense that as we look at this issue, we should wait for the community group to come up with a proposal or if the County is also working on a way to address this. Agar responded that his opinion is that we are waiting for a collaborative approach to resolve this and he felt that it would be a mistake for the County to assume responsibility for the entire issue. He feels this is a community responsibility and also that the costs associated with delivering this service will be substantial. Fennema agreed with Agar and felt that the County is in a waiting position on this at this time. Fennema noted that the importance of this is not isolated to detox and psychiatric services as it also runs through children, youth and families, juvenile justice and on and on.

Robinson asked if there may be any potential to garner business from surroundings counties if Brown County were to offer a facility in collaboration with our community providers. Agar responded that it would be possible but he did not go as far as to say it was probable and stated that it would be beneficial for Brown County to learn more about the status of the Marinette County regional opiate treatment facility.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

11. **Financial Report for Community Treatment Center and Community Programs.**

Finance Manager Tim Schmitt referred to the financial report in the agenda packet and indicated that the CTC is forecast to post a deficit due to low census number at the CBRF while Community Programs is forecasted to be at or close to budget.

Robinson noted that he was confused by the first paragraph of the summary in the agenda packet as it was budgeted to post a deficit in 2014. Schmitt explained that Community Programs is at budget and this was pointed out to show that Community Programs was budgeted at a deficit. Robinson asked if it was ever figured out what account was being used to make up the larger than anticipated deficits. Schmitt answered that funds would come out of the fund

balance and noted that there is currently a draft of a procedure that was developed last fall to allocate a certain percentage of the budgeted expenses as a reserve within the fund balance and they have reserved a portion of the Community Programs fund balance for deficits at CTC. Schmitt continued that they reserved 2% of CTC's expenses as a category within the fund balance. In terms of reserves for operational contingencies in Community Programs, 2% has also been reserved. If the deficit at CTC exceeds $273,000, it will be necessary to utilize the contingency set aside in Community Programs because at this point it is felt that the entire $1.2 million dollars will not be needed. Robinson asked Schmitt if he had a guess as to what the CTC's deficit spending might be. Schmitt noted that it was projected to be in the $700,000 area. Schmitt stated that they do not anticipate having to use any of the high cost client funds for this.

Robinson asked Schmitt how much was expected to be used for high cost clients in 2014. Schmitt stated that he ran a report earlier in the day that showed it looked like they would break even, but he noted that this could change as they are not fully closed with Community Programs. Robinson asked what was typically used over the last four or five years out of the high cost client funds. Schmitt responded that Community Programs over the last few years has posted surpluses so money was put back into the general fund and because of that they did not utilize any of the high cost client funds. Schmitt continued that if you look at each individual program area, however, some of the areas did have excess costs, but the Community Programs in total had surpluses. With regard to the CTC, deficits have been posted for the last several years. Robinson stated that it is a cost labeled for high cost clients, but felt it is acting more as a cushion for the budget as a whole. Schmitt responded that the way the new policy is that was established last year, it is assigned to high cost clients and so far based on 2014 preliminary results, it will not be needed in 2014 and will be carried over to 2015. If it is used in 2014, there would be a deficit.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

12. **Statistical Reports.**
    a. **Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**
    b. **Monthly Inpatient Data – Bellin Psychiatric Center.**
    c. **Child Protection – Child Abuse/Neglect Report.**
    d. **Monthly Contract Update.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to suspend the rules and take Items 12 a – d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette, to receive and place on file Items 12 a – d. Vote taken. MOTION CARRIED UNANIMOUSLY

13. **Request for New Non-Continuous Vendor.**

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

14. **Request for New Vendor Contract.**

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Syble Hopp – No agenda items.

15. **Such other Matters as Authorized by Law.** None.

16. **Adjourn.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to adjourn at 6:49 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

ADRC of Wisconsin

Tell Me More about...

Family Care

FAMILY CARE
Options for Long-Term Care

What is Family Care?

Family Care is an innovative program that provides a full range of long-term care services, all through one flexible benefit program. To understand Family Care, it helps to know what "long-term care" is. Long-term care is any service or support that a person may need as a result of a disability, getting older, or having a chronic illness that limits their ability to do the things that are part of their daily routine. This includes things such as bathing, getting dressed, making meals, going to work, and paying bills.

There are a variety of services and supports available in Family Care that can help people to remain independent with their daily activities or to provide supports to help someone complete these tasks.

How Does Family Care Work?

People Receive Interdisciplinary Care Management.

Sometimes people do not know the exact services that they need, the types of services available, and how to get care and services. Coordinating your own services can be overwhelming. If you participate in a Family Care program, then a team of people come together to help you identify the sort of assistance you might need and work with you to arrange your long-term care services. You are an active participant on the team that also includes, at a minimum, a care manager and a registered nurse. You can choose to include a family member or loved one on your team. Sometimes people choose other professionals, such as a personal care worker, to participate as team members. In Family Care, this team is called an "interdisciplinary team."

People Receive Services to Live in Their Own Home Whenever Possible.

Helping people stay at home is at the heart of the Family Care program. Whether you live in a house, apartment, condominium or mobile home, your Family Care team will work with you so that you can remain in your own home. Most services can be provided at home for many people. If you already reside in an assisted living facility or nursing home that is not affordable for you, then Family Care can help you find another place to live that meets your needs at a more affordable rate. Family Care works with you to find and secure the best living situation.

People Participate in Determining the Services They Receive.

The first step in planning Family Care services is for you to discuss with your team the kind of life you want to live, whether you want to live where you live now or in a different place, and the kind of support you need to live the kind of life you want. This step is called the assessment.

The services that you will receive are then outlined in a care plan. Team members support you in developing your plan by providing information that you need to make informed choices about the care you receive. Your care plan will help you move toward the personal outcomes that you and your team identified in the assessment.

People Choose Service Providers from a Comprehensive Network.

Members of Family Care select their long-term care providers from a provider network. Managed Care Organizations (MCOs), are the agencies that provide the Family Care benefit to people. MCOs are required to have providers for all of the services covered by the program and have enough providers and settings to give members a choice.

You define your outcomes for your life.

People Receive the Services They Need Through One Program.

Sorting through multiple funding programs to determine your possible benefits can be confusing. The good news is that Family Care pays for the long-term care services, individualized for you in your care plan, through one program.

People Receive Services that Best Achieve the Results They Desire.

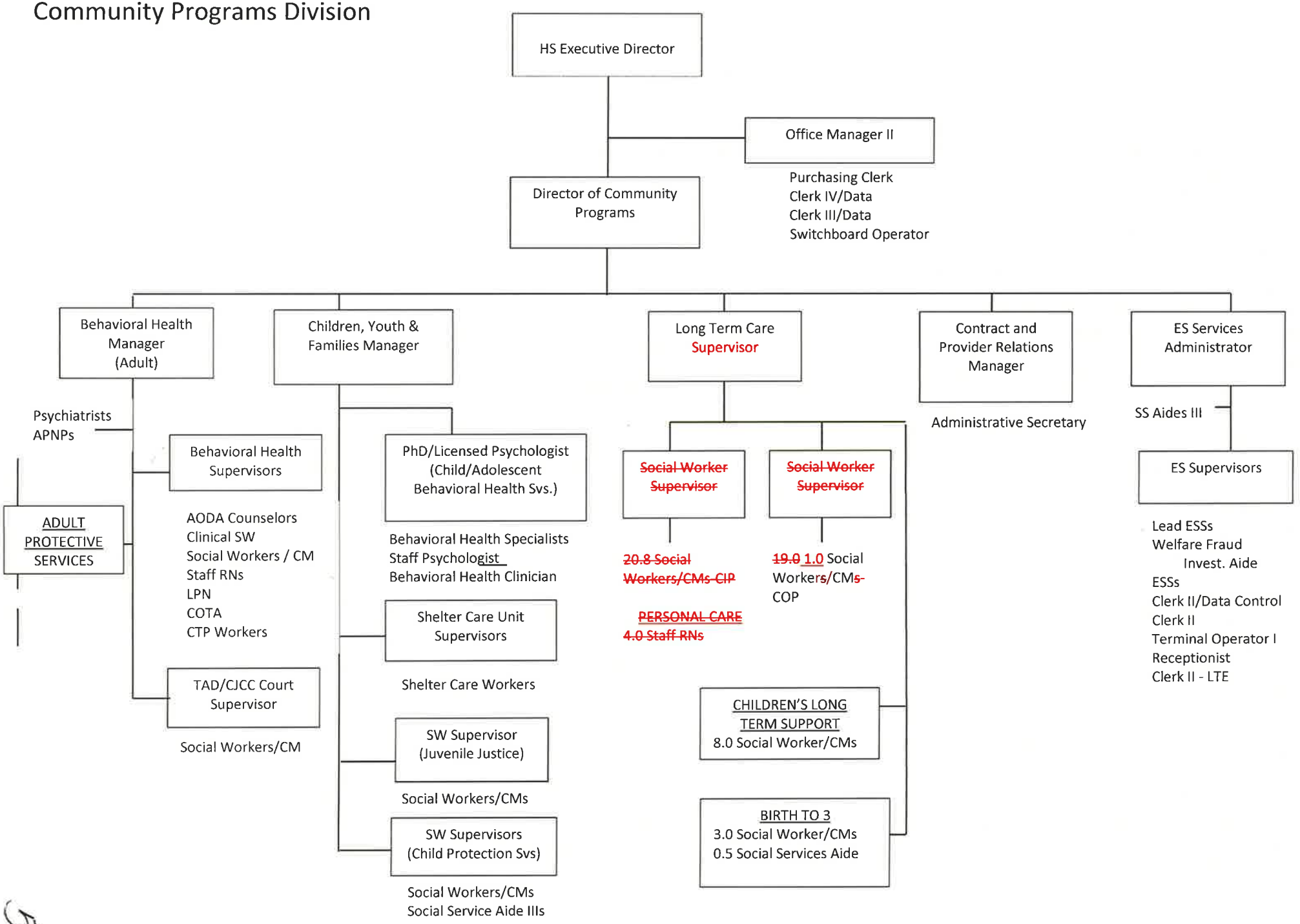
The success of the Family Care program is measured by your real-life results, or the outcomes that you get from the services you receive. "Quality of Life Outcomes" in Family Care represents important parts of people's lives.

The following statements are the "Quality of Life Outcomes" that the Family Care team strives for when you participate in the program. You define your outcomes for your life. Helping you meet your long-term care needs to achieve your personal outcomes is the goal of Family Care:

- I decide where and with whom I live.
- I make decisions regarding my supports and services.
- I decide how I spend my day.
- I have relationships with family and friends.
- I work or do other things that are important to me.
- I am involved in my community.
- My life is stable.
- I am respected and treated fairly.
- I have privacy.
- I have the best possible health.
- I feel safe.
- I am free from abuse and neglect.

5

Community Programs Division



9

Enrollment Counseling and Implementation Schedule

** Note: these numbers reflect current waiver participants

	# of People by Month	2/1/15	3/1/15	4/1/15	5/1/15	6/1/15	7/1/15	8/1/14	9/1/14	10/1/14	11/1/14	12/1/14	# OF WAIVER PARTICIPANTS
Kewaunee	Receiving enrollment counseling	39	39	39	39	39							193
	Enrolling with FC or IRIS					154	39						
Oconto	Receiving enrollment counseling	31	31	31	31	31							153
	Enrolling with FC or IRIS					122	31						
Brown	Receiving enrollment counseling		218	218	218	218	218	218	218				1526
	Enrolling with FC or IRIS						872	218	218	218			
Door	Receiving enrollment counseling			36	36	36	36	36					181
	Enrolling with FC or IRIS							145	36				
Shawano	Receiving enrollment counseling				53	53	53	53	53	53	53		374
	Enrolling with FC or IRIS								214	53	53	53	
Marinette	Receiving enrollment counseling					45	45	45	45	45	45		270
	Enrolling with FC or IRIS									180	45	45	
Menominee County	Receiving enrollment counseling									10			10
	Enrolling with FC or IRIS										10		
Menominee Tribe	Receiving enrollment counseling												97
	Enrolling with FC or IRIS												
Oneida Tribe	Receiving enrollment counseling												
	Enrolling with FC or IRIS												
Total Enrollments by Month						**277**	**941**	**363**	**468**	**451**	**108**	**98**	

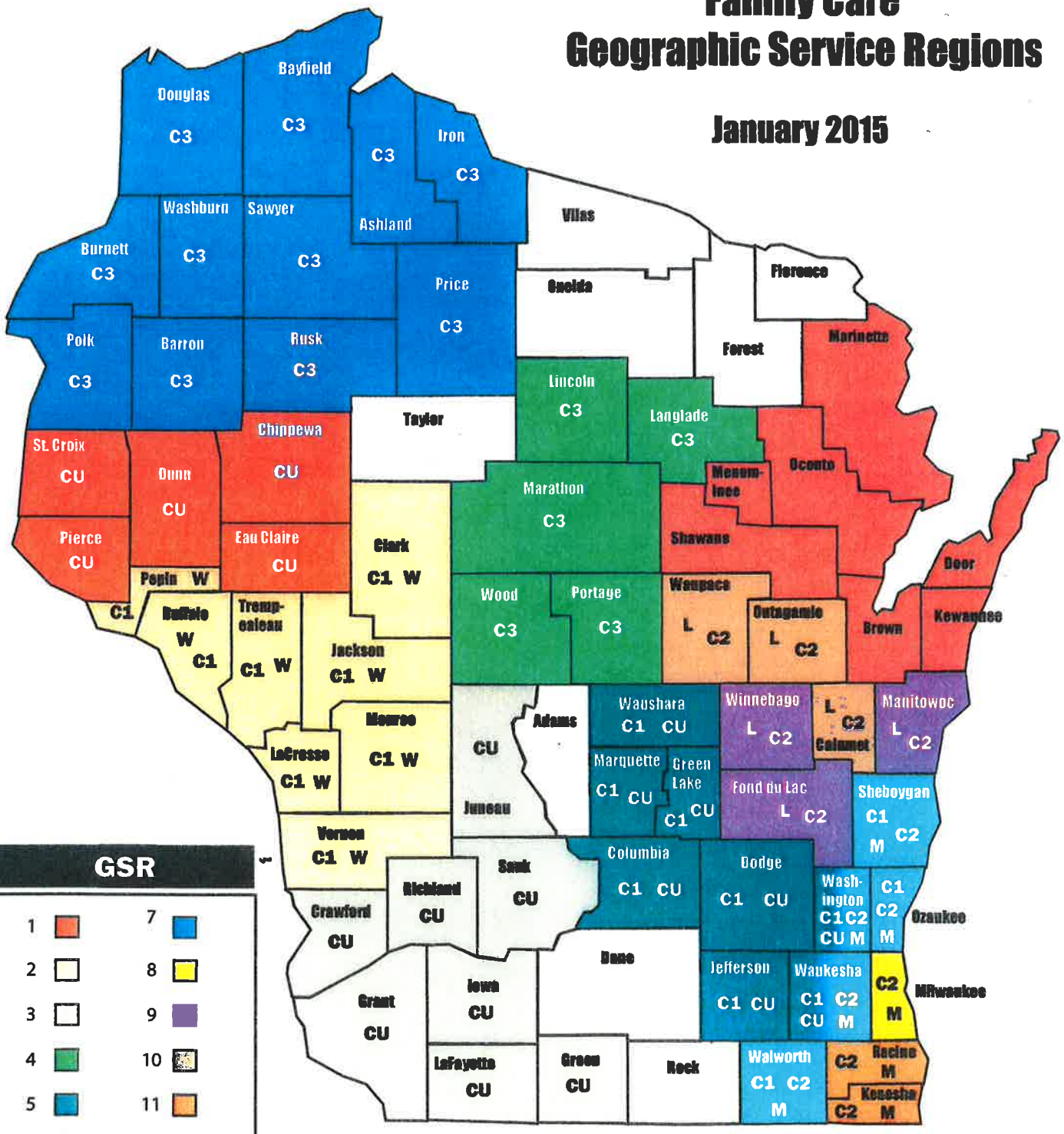
Assumptions:

1. IRIS Consultant Agency will counsel individuals upon referral.
2. FC enrollments will occur on the first of the month.
3. IRIS enrollments will occur once care plan is developed.
4. ADRCs will begin enrollment counseling four months prior to the first enrollment date.
5. County will maintain participant until they are transitioned to FC or IRIS.

9

Family Care
Geographic Service Regions

January 2015



GSR

1	7
2	8
3	9
4	10
5	11
6	

Expansion Pending 2015

Legacy Waiver County

MCO

C1 Care Wisconsin	**L** Lakeland Care District
C2 Community Care, Inc.	**M** Milwaukee County Dept. of Family Care
C3 Community Care Connections of Wisconsin	
CU ContinuUs	**W** Western Wisconsin Cares

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ADRC
Aging & Disability Resource Center of Brown County

"Building a community that values, empowers, and supports seniors, adults with disabilities and their caregivers"

We're here to help you, make an informed choice about your future care!

Since 1979 the Aging & Disability Resource Center (ADRC) has played a critical role as Brown County's resource for comprehensive and unbiased information about public benefits and community services for seniors, adults with disabilities and their caregivers. The ADRC has been the place to go to have fun, offering a wide variety of social and recreational activities. It's been the place to learn more and find support for caregiving, living with chronic conditions, preventing falls, eating healthy; providing nutrition advice, dining sites, and Meals on Wheels.

The ADRC is here for you during this transition to help you make the best choice for your future care.

ADRC Information and Assistance staff will provide Options Counseling to you, your guardian, and/or Power of Attorney. Options Counseling is designed with your needs in mind. We listen to understand your unique situation, focusing on needs and preferences. Staff will explain your choices so that you can make an informed decision, selecting the program the best fits your needs.

To provide as much convenience as possible the ADRC is planning a number of ways to participate in Enrollment Counseling and enroll in the plan of your choice. Please call 448-4399 or 448-4300 to register or schedule an appointment.

- **Group Meetings**: See the back of this flyer for dates, times, and locations to attend a meeting. We've selected locations convenient to you; ASPIRO, the CP Center, NEW Curative, and the ADRC.

Can't make a meeting or fit into our offices hours? We will have weekly appointments on Tuesdays and Thursdays that include times scheduled beyond our regular offices hours. Call 448-4399 to schedule.

- **Pre-Scheduled Weekly Appointments:** at the ADRC, 300 S. Adams Street, Green Bay, 30 minutes each. Tuesdays, 12:00 p.m. - 6:00 p.m. or Thursdays, 7:00 a.m. - 1:00 p.m.

Other appointments will be available during regular office hours. Call 448-4399 to schedule.

- **Other Appointments:** Monday - Friday, 8:00 a.m. - 4:30 pm.

We are committed to helping you in this transition. We know this is a big change in your life. During the upcoming months we will work on other ways we can meet with you to be sure everyone gets the assistance they need.

We created a special Enrollment Counseling phone line 920-448-4399, and email BC.ADRC.Enrollment@co.brown.wi.us for your convenience. Or 448-4300, TTY: WI Relay 711

Thank you – We are here for you!

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FAMILY CARE
Options for Long-Term Care

ADRC
Aging & Disability Resource Center of Brown County

IRIS
Include, Respect, I Self-Direct

Want to learn more about Family Care & IRIS?

The ADRC of Brown County will be holding *One Hour* Group Presentations on these programs and explain the Enrollment Process including an opportunity for individual appointment with an Enrollment Counselor available after the Group Presentations on a first come, first serve basis.

Date & Time	Location
Wednesday, March 4, 2015 Group Presentation 3:00 pm - 4:00 pm Individual Sessions with an Enrollment Counselor 4:00 pm - 4:30 pm	ADRC 300 S Adams St Green Bay, WI 54301
Tuesday, March 24, 2015 Group Presentation 6:00 pm - 7:00 pm Individual Sessions with an Enrollment Counselor 7:00 pm - 7:30 pm	ASPIRO 1673 Dousman Street Green Bay, WI 54303
Saturday, March 28, 2015 Group Presentation 9:30 am - 10:30 am Individual Sessions with an Enrollment Counselor 10:30 am - 11:00 am	ADRC 300 S Adams St Green Bay, WI 54301
Tuesday, April 7, 2015 Group Presentation 1:00 pm - 2:00 pm Individual Sessions with an Enrollment Counselor 2:00 pm - 2:30 pm	N.E.W. Curative 2900 Curry Ln Green Bay, WI 54311
Friday, April 24, 2015 Group Presentation 12:00 pm - 1:00 pm Individual Sessions with an Enrollment Counselor 1:00 pm - 1:30 pm	CP Center 2801 S Webster Ave Green Bay, WI 54301
Saturday, May 16, 2015 Group Presentation 10:00 am - 11:00 am Individual Sessions with an Enrollment Counselor 11:00 am - 11:30 am	ADRC 300 S Adams St Green Bay, WI 54301
Wednesday, June 3, 2015 Group Presentation 1:00 pm - 2:00 pm Individual Sessions with an Enrollment Counselor 2:00 pm - 2:30 pm OR Group Presentation 5:30 pm - 6:30 pm Individual Sessions with an Enrollment Counselor 6:30 pm - 7:00 pm	ADRC 300 S Adams St Green Bay, WI 54301

Please call (920) 448-4399 to register for the group Enrollment Sessions!

Unable to attend one of the Group Enrollment Sessions

The ADRC will be offering weekly opportunities for 45 minute private Enrollment Counseling

Please call (920) 448-4399 to schedule an appointment.

Tuesdays
12:00 pm - 6:00 pm

Thursdays
7:00 am - 1:00 pm

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Advocacy Needed - February 2015

Aging & Disability Resource Center of Brown County

The Governor's 2015-2017 Budget proposal includes a number of changes that will effect services to seniors and persons with disabilities. This paper is designed to outline the issues and their impact.

Family Care - IRIS

PROPOSAL:
The proposal includes:

- Elimination of the IRIS program
- Redesign of Family Care; moving program oversight from the Department of Health Services to the Office of the Commissioner of Insurance.
- Eliminate the Long Term Care Advisory Council
- Eliminate Regional Districts, instead contract with companies that will operate state-wide.
- Eliminate sealed competitive bid requirement.
- Reduce funding for personal care supports .

IMPACT:
Family Care and IRIS (Include, Respect, I Self-Direct) are programs that have saved money by allowing older adults and persons with disabilities to receive needed services to remain living in their homes and communities and out of expensive long -term care facilities.

The IRIS program has allowed persons to manage their own budgets and services, including the ability to select who provides them with very intimate care such as bathing and dressing.

Persons in these programs rely on personal care supports to function daily. Reducing personal care funding will increase isolation and decrease the ability to work, and live a productive life.
Family Care and IRIS are programs that have emphasized person-centered, community based supports, giving individuals dignity, choice and the ability to live, work, and be part of the community. People prefer working with persons in their community, who know their community.

Changing oversight from a social model (Department of Health Services) to a business model (Office of the Commissioner of Insurance and eliminating the Long Term Care Advisory Council will reduce consumer and local input to the program and increase cost as contracts are awarded without competitive bid and switched from non-profit to for-profit entities.

Senior Care

PROPOSAL:
Reintroduces a plan rejected by the legislature in 2011 that would require participants in Senior Care to enroll in a federal Medicare Part D. The proposal would to cut the program by $15 million over the next two years.

IMPACT:
Senior Care provides very low income senior citizens with affordable prescription drug coverage. It requires only a $30 annual fee and a $5 or $15 co-payment for each prescription with most drugs covered under the Medicaid formula.

Seniors who are already struggling financially would be required to do extensive research to find a Medicare Part D plan and pay on average $702 per year in premiums plus out-of -pocket expenses.

State Budget would lose $15 million in matching federal funds in addition to 100% of the program income.

Aging & Disability *Resource Centers (ADRCs)*

PROPOSAL

Note: Budget proposal refers to ADRCs as "resource centers" throughout the document.

- Eliminate requirement for resource centers (ADRCs) to have governing boards
- Eliminate first right of refusal for counties to operate a resource center
- Allow Department of Health Services (DHS) to contract with a private entity for all or some of the services of resource centers. Would no longer be required to provide all services.
- Allow for these private entities to provide "services statewide or from within the entire geographic area prescribed by the department."

IMPACT

ADRCs -(resource centers) are a Wisconsin idea and proven success that is being replicated throughout the United States to meet the needs and reduce the expenses of the growing -aging baby boomer population.

As a non-biased, one-stop shop Resource Centers have made an impact in reaching seniors, adults with disabilities and their caregivers sooner - helping them to conserve their personal resources to remain in their homes and delay or optimally prevent the need for expensive long-term care.

Resource centers provide efficient and cost effective service delivery, helping consumers maximize family and community support, encouraging donations, and extensively using volunteers to reduce program expense and taxpayer burden.

Resource centers are governed by the people they serve. Local governing boards provide a voice for consumers to shape services to meet the unique needs of their community.

Resource Centers reduce medical costs. They give people purpose, helping them to lead productive, independent lives.

Edith Barth had fallen many times and was using a cane and worried she would be a captive of a wheelchair and unable to remain in her home in the near future. Edith's life changed after participating in the Resource Center's ***Stepping On*** program. Evidenced based and facilitated by volunteers this 6 week class made Edith stronger and eliminated her need for the cane. She's now volunteering as a facilitator.

Advocacy Group Resources:

Wisconsin Aging Advocacy Network (WAAN) gwaar.com- Senior Care Press Release and Memo to Legislators
www.aarp.org/states/wi.html: AARP Article about the Governor's Budget Proposal
www.survivalcoalitionwi.org: Survival Coalition of Wisconsin Disability Organizations Press Release
www.disabilityrightswi.org: Disability Rights Wisconsin Press Release

Recent Detoxification History in Brown County.

Up until the federal survey at NPC, and subsequent removal of county authority to treat clients for purely detoxification purposes, Brown County provided detoxification services to clients needing alcohol detoxification. This ruling was made due to the requirement that detoxification services needing to be provided in a medical setting, and not in a psychiatric hospital. Since 1-1-2012, Brown County has been unable to provide detoxification services simply for alcohol detoxification needs only, but continues to provide detoxification services for patients that have a primary mental health condition that is cause for admission along with a detoxification need that can be met in our psychiatric hospital.

Current Status: Since County authority was removed, Brown County NPC can now simply treat alcohol detoxification only if it is secondary to a primary mental health condition that is cause for the person to be admitted under emergency detention . Many other communities do not have a county run psychiatric hospital, and medical hospitals are the default "treater" of alcohol detoxification in those communities. The Human Services Director at the time of this occurrence I understand to have determined that as a system, this is how Brown County would respond, utilizing local hospitals to provide the needed care of individuals needing alcohol detoxification. Brown County Human Services Community Programs challenge and that of the community is how do we provide these detoxification services, as previously we had a "paid for" service and facility at NPC, but now we do not?

Other communities provide detoxification services in several ways, some at local hospitals without compensation, some at hospitals or other approved sites for detoxification services which is compensated and paid for by the Human Services Department; or under contract to an agency that is equipped to provide this service, such as Rock and Dane County, each of which contribute $500,000 to Telllurian, to pay for their community detox needs.

Detoxification service consists of the use of medications, medical monitoring and can occur in a medical hospital or on an outpatient basis (ongoing) to reduce withdrawal symptoms, and maintain safety of the individual.

Withdrawal symptoms pertaining to alcohol consist of anxiety, insomnia, depression, nausea, headaches, tremors, and in more serious situations vomiting, fever, increased blood pressure, seizures and Delirium Tremens. Delirium Tremens occurs in 1 in 20 people that have alcohol withdrawal symptoms 2-3 days after their last drink. These symptoms include marked tremors/shakes and delirium which includes agitation, confusion or seeing and hearing things/hallucinations. Some people experience convulsions, dehydration or other physical problems, and severe withdrawal can be fatal.

Treatment of withdrawal is NOT treatment, merely the first step in stabilizing the condition. Treatment is mostly voluntary, and without a client being at a stage of readiness to change, many continue to drink after their detoxification needs have been met. Three party alcohol petitions offer some ability to attempt to coerce someone into treatment, but once a person gets to treatment, unless they are willing

to participate in treatment, the petition lacks strength to force the issue, and a person can choose to leave treatment.

Heroin Withdrawal: Symptoms include restlessness, muscle and bone pain/ fatigue, pian, insomnia, diarrhea, vomiting and cold flashes. Physical symptoms can last for several days, though general depression and dysphoria can last for weeks. Withdrawal can often easily be treated with medication. Major withdrawal symptoms occur within 48-72 hours of an individual's last use, and subside after a week. Sudden withdrawal by someone heavily dependent and in poor health can be fatal. Treatment is through medication use and behavioral and supportive therapies. 5% of the population is believed to misuse opiates (all kinds of opiates). Clonidine is often used to treat withdrawal symptoms. Buprenorphine is also used increasingly for treatment. If a client has a history of frequent need for detoxification and relapses, Methadone Maintenance Treatment is the most effective treatment for opiate addiction.

Symptoms of withdrawal from opiates include dilated pupils, diarrhea, runny nose, goosebumps and abdominal pain.

Methamphetamines: No approved detoxification medication to ease symptoms. Medical monitoring and maintaining safety is the greatest need. Psychotic symptoms can persist for months after cessation of use. Methamphetamine has high potential for abuse and dependency. Abrupt cessation of use is characterized by extreme fatigue, depression, apathy, extended sleepiness, irritability and disorientation. A binge and crash cycle of behavior makes detoxification difficult. Withdrawal symptoms typically include depression, anxiety, fatigue, paranoia, aggression and intense craving. Cognitive impairment of users can prolong length of treatment. Matrix model is one treatment that shows good success.

Chapter 51.42 (3) 4.- places on the county a requirement to provide services "Within the limits of available state and federal funds and of county funds required to be appropriated to match state funds, for the program needs of persons suffering from mental disabilities, including mental illness, developmental disabilities, alcoholism or drug abuse, by offering the following services.... " "4m, if state and county funding for alcohol and other drug abuse treatment services provided under subd. 4. are insufficient to meet the needs of all eligible individuals, ensure that first priority for services is given to pregnant women who suffer from alcoholism or alcohol abuse or are drug dependent." We utilize our Substance Abuse Block Grant monies from the state to fund these types of service for pregnant women, the intent in large part being to prevent fetal alcohol syndrome and also to address the treatment needs of the mother.

Chapter 51.45 Prevention and Treatment of Alcoholism:

51.47(7)e All appropriate public and private resources shall be coordinated with and utilized in the program if possible.

Strengths of System:

1. We have a hospital, Nicolet Psychiatric Center (NPC) can meet the needs of alcohol detox for clients with dual conditions-Primary MH condition and detox need (alcohol detox for the most part)
2. Local Hospitals will treat patients to some degree and medically clear them (variable in nature/quality).
3. We have 2 Residential Intoxicated Monitoring beds, sometimes referred to as "RIM's" beds at our Diversion facility on Danz Avenue, this being operated on the County's behalf by My Innovative Services. These are beds that can be used on a purely voluntary basis, and can only be used in circumstances where a client has no history of seizures, blackouts, or the individual does not have a history characterized by repeat and/or complex alcohol detoxification needs. (Clients cannot be housed here if they are under any kind of medication detoxification protocol in place to address their alcohol use condition, as these require a medically monitored detoxification response). These beds were used 16 times in 2014.
4. We have expanded our AODA Intensive Outpatient Treatment in the past year and offer 2 cycles of treatment each year, each consisting of 10 weeks of primary care, and 16 weeks of continuing care. We have eliminated wait times to access treatment, and patients can access treatment within a short period of attending an orientation group.
5. We have a CBRF that could be looked at with a view to utilization and certification as a detox facility.
6. Local Hospitals, BPC for example provide detoxification services to clients with health insurance coverage.

Needs of System:

1. Additional alcohol detox resources? Alcohol detoxification can take up to 5-7 days, though treatment was typically shorter, 1-2 days, when NPC treated Patients for alcohol detoxification as a stand-alone condition.
2. Opiate detoxification-takes about a week, with peak symptoms experienced between 2 and 3 days after last use. There is no current available provider of detox from opiates other than through local hospitals as part of larger treatment of a general medical condition. Marinette may be a regional center for such treatment soon, after recent granting of state funds for this purpose.

Need Studies:

2009-2010 National Survey on Drug Use and Health showed that 9.5 % of those aged > 12 years in Wi have a substance use disorder (SUD), this being higher than the national prevalence and equating to 28, 920 more people with a SUD in WI than nationally.

Estimated numbers of adults with a mental illness in Brown County =19% (35,980 people), and with a Serious Mental Illness =4.6% (8,711 people) Children with A Mental Illness(AMI) = 11% or 9,399 people, and a Severe Emotional Disturbance(SED) = 11% or 4,923 people.

Minimum annual prevalence of Wisconsin adults estimated as needing treatment for Heroin/other opiate addiction = 30, 450, about 1/5 of these receiving services through county authorized services. HUMAN Services Reporting System (HSRS) data does not include Medicaid or private insured served clients.

Wisconsin County Mental Health and Substance Use Infrastructure Initiative showed Brown County along with Bayfield, Chippewa, Columbia, Dane, Dodge, Door, Douglas, Eau Claire, Fond Du La, Kenosha, Kewaunee, Manitowoc, Milwaukee, Oconto, Price, Rusk, Sauk and Walworth to have a disproportionately high utilization of detox services.

Wisconsin Counties in the lowest quartile nationally in availability of mental health professionals were primarily in the SE area extending from Kenosha to Dane to Brown County. (From series of studies/articles by Ellis, Konrad,Thomas, Holzer and Morrissey during 2009 re: County level estimates of need for Mental Health Professionals in the United States, Psychiatric Services, 60(10)...)

Wisconsin Office of Primary Care within the Division of Public Health provided detailed data on psychiatrist shortages in WI Counties through its own data collection efforts between 2009-2012)-this showed that Brown County as a whole(not just Human Services) had a shortage that equates to 8.5 FTE's needed to reduce significant shortages.